

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000117381

Entity Name: REIMBURSEMENT RECOVERY RESOURCES, LLC**Current Principal Place of Business:**564 MORGAN WOOD DRIVE
DELAND, FL 32720**Current Mailing Address:**564 MORGAN WOOD DRIVE
DELAND, FL 32720 US**FEI Number:** 46-0980501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRINCIPAL LAW FIRM, P.L.
7025 CR46A, STE. 1071
PMB 353
LAKE MARY, FL 32746 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** SHIVON PATEL, ESQ.

03/31/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ARANGO, ALEJANDRO
Address 564 MORGAN WOOD DRIVE
City-State-Zip: DELAND FL 32720

Title MGR
Name VANDOREN, JEFFREY
Address 5713 SAYBROOK CIRCLE
City-State-Zip: SANFORD FL 32771

Title MGR
Name VANDOREN, DAVID
Address 4065 ASCOT CIRCLE
City-State-Zip: ALLENTOWN PA 18103

Title MGR
Name VANDOREN, SHAWN
Address 5717 SAYBROOK CIRCLE
City-State-Zip: SANFORD FL 32771

Title MGR
Name COOKE, DANIEL
Address 564 MORGAN WOOD DRIVE
City-State-Zip: DELAND FL 32720

Title MGR
Name SCHWEIDLER, GLENN
Address 564 MORGAN WOOD DRIVE
City-State-Zip: DELAND FL 32720

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEJANDRO ARANGO

MGR

03/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date